

Long Bennington Medical Centre – Patient Participation Group (PPG)
Minutes of meeting held on Wednesday 20 January 6.30pm

Attendees: Alison Lowerson (AL) Practice Manager
Karen Turner (KT) Deputy Practice Manager (minutes)
Dr Elizabeth Montague (EM) GP Partner
(MG) PPG Member
(MR) PPG Member
(PW) PPG Member
(JD) PPG Member
(AH) PPG Member
(RM) PPG Member
(MM) PPG Member
(JC) PPG Member

Apologies: (MW) PPG Member

AL welcomed the new members of the PPG and briefly updated them on how the group had been formed etc. She explained that the Practice list size is just under 6000 patients of which a third live in Long Bennington and the remaining two thirds are spread over up to 26 villages. She advised that the group is still “finding its feet” at the moment, and this is our fourth meeting.

Minutes of the last meeting:

AL advised that the minutes were published anonymously on the website having been sent to PPG members initially for approval etc.

Parish Magazine/Newsletter – AL advised that she has been liaising with JC with regard to the Practice Newsletter. JC has been doing a sterling job in producing a Newsletter that informs patients of our services and what is currently happening at the Practice. AL advised that the Practice is extremely busy at the moment and that this has meant it has not been easy to formalise roles etc. MR asked how many Parish magazines publish the Newsletter. AL advised that JC has been working on this up to now but that some help with identifying other areas/magazines etc would be appreciated. She asked the group to consider where in their community they would like to see the Newsletter. It was agreed that if members gather what information they can and let AL know the details etc. and she will liaise with JC. AL asked if members could suggest any topics that they would like to see covered or areas that they may be interested in. These can then be included as appropriate.

Flu Campaign – AL updated the group and advised that we are almost at the end of the campaign. She advised that we would shortly be planning the next campaign from October 2016.

Online Appointments – AL advised that the Practice will be moving to a new clinical system (SystemOne) in the near future. We have a provisional “go live” date of 3 May 2016. She advised that there will be lots of work to be done prior to this, i.e. training etc. She also advised that for a period of about 6 days just prior to the “go live” date, all data will have to be manually entered which will be somewhat time consuming but essential in order for the new system to have installed all the data from the old system. She went on to advise that as of 1 April 2016 patients will be able to request access to their coded patient data. She commented that the Community staff (District Nurses etc.) also use this particular clinical system and we hope it will enable better communication with other providers (with patient consent). Dr EM gave an example of patients using the Hospice in the Hospital facility. They are on SystemOne and as we are not it can be frustrating for all concerned regarding the management of the patient.

Patient Council Meeting – AL commented that at the last meeting Diane Hansen, Head of Engagement and Inclusion, South West Lincolnshire CCG had given a presentation which included a section about the Patient Council and its remit. She advised that RM had kindly attended the meeting. He then gave an account of this:

- RM advised that PPG members attend on behalf of their practices. There had been 7 Surgeries represented by 9 members. The meeting was chaired by Kate Mitchen, Lay member of CCG. He explained that Diane Hansen attended the meeting in her capacity as Head of Engagement and Inclusion. RM went on to explain the topics discussed:
 - **SystemOne** – Some Practices had been having problems with regard to 0844 numbers where patients had been charged high rates for contacting their Surgery. AL advised that she had had experience of this and that the Practices had signed up to a 7 year contract which had proved very difficult to get out of. RM advised that it would appear that this issue was now being resolved.
 - **Non Compatible IT systems** – as discussed earlier.
 - **Deficit in Lincolnshire** – RM explained that there are 4 CCG's within Lincolnshire – SW Lincs, Lincolnshire South, Lincoln City and East Lincolnshire. He went on to explain that there is a deficit of £20m for the period 2011-2014 which is estimated to grow to £300m by 2018 if no efficiencies are delivered. He advised that there are 3 Multi Disciplinary Team meeting set up which include our area of "Grantham rural". He explained that Diane Hansen is looking to visit various groups to discuss facilities etc and the involvement of QPEC (Quality and Patient Experience Committee). AL commented that our Practice comes under the Lincs South West CCG (LSWCCG) and explained that Dr Longfield regularly attends the Members Council Meetings.
 - **Patient Experiences** – RM explained that the members gave various accounts of their experiences and that the issue of patient confidentiality when discussing these accounts had been raised. He advised that members had said that even when names are not mentioned, situations may be described in such a way that it may still be possible for a patient to be identified.
 - **Locums** – RM explained that some members had commented on the high level of Locum GP's at some Practices. AL commented that our GP's provide their own locum cover in order to maintain continuity for patients. She advised that we were fully aware that patients don't particularly like seeing Locum GP's and that the GP's themselves don't like losing that continuity. She went on to explain that there is currently a huge recruitment issue at the moment which meant a greater use of Locum GP's. RM advised that members had commented on the marked contrast between rural and town Practices.
 - **Governing Body Meeting** – RM advised that he may attend another meeting in order to learn more about the structure of our Health Services in Lincolnshire. He commented that he had been somewhat "bamboozled" by the picture diagram that was shown by DH at the last meeting. The group agreed that it seemed very complicated. RM commented that he found it

disappointing that out of the 19 Practices in our CCG only 7 Practices were represented at the meeting. AL commented that it may be that PPG's are not aware of the meetings rather than lack of interest. She also commented that Healthwatch is another very good organisation for patients to be involved with as they look at every aspect of Healthcare.

Door Sensor – AL advised that the Practice has discussed getting quotes for automatic doors to both entrances and exits to the waiting room. One member of the group suggested that it may be an idea to look at a push button operating system.

Pharmacy Application – AL advised that this had not been included in the previous minutes. She updated the new members of the group on the recent application and advised that the Practice had put an objection to the plan as well as the Dispensing Doctors Association and the Parish Council. She advised that were it to be successful it would have an impact on the Practice and its ability to provide services. She commented that we currently provide all the services that the application purported to be able to provide and that the only difference was that we are not open on a Saturday. She advised that the Practice is within a protected area due to the number of residents in the village. AL went on to advise that we have not heard anything further.

Branch Surgeries – discuss later in the meeting.

Group Business –

- **Roles and Responsibilities** – AL advised that we can circulate the roles available again. She commented that ideas are welcome and if the CQC (Care Quality Commission) do visit they will scrutinise everything we do therefore any help from patients would be appreciated. She commented that the CQC give Practices 2 weeks notice prior to visiting and that they do like involvement from a Practice PPG representative. AL will email members should we be notified of a visit. She commented that the CQC team inspecting will likely be made up of a GP inspector, CQC member, a Practice Nurse, a Practice Manager and possibly someone shadowing. She advised that they look at feedback from a variety of sources prior to the visit. AL commented that Practices are expected to undertake a 30 minute presentation as well as provide a 1000 word document about the Practice and its interaction with the 6 key groups. AL advised that she is happy to share this with the PPG.
- **Proposed Branch Closures** – AL brought the new PPG members up to speed with regard to the recent premises visit by NHS England last year. She explained about the very limited facilities at the two Branch surgery locations as well as the limited IT available. She explained that the Practice had been discussions the proposal for some time and that she has met with the Chairman of Allington Gardens Residents Association. She commented that she has informally announced the proposed closure to him and that he was not surprised by it. She advised that a letter will be going out to every household in Allington and Marston together with a Q and A sheet. She commented that the Practice will be engaging with the Parish Councils and that Diane Hansen, Head of Engagement and Inclusion will be assisting with the communication process. AL commented that one of the main issues for patients appeared to be transport. She explained that she understood that Allington Gardens were looking at the possibility of having a voluntary transport scheme. She went on to explain that many other areas are already affected by the lack of local transport i.e., Dentist visits, hospital appointments etc.

The group then went through the Q and A sheet that will be sent out to residents of Allington and Marston. AL asked the PPG members for their thoughts. The group discussed various ideas ranging from the possibility of having blocked appointments available to having more telephone consultations available. AL explained to the group the process about how a proposal is put to NHS England. She commented that if the proposal was agreed by NHS England and the CCG the branches would not be closed immediately but phased out over a period of time i.e. 3 months.

AL reiterated that the proposal to end the branch surgeries at Allington and Marston was not an easy one to make. The range of services we are able to offer in both locations is very limited in contrast to those we can offer at the main Surgery in Long Bennington. Here, we are able to offer a full range of services including: blood tests, nurse appointments, health screening and various diagnostic tests, all carried out in an appropriate clinical setting. AL said the GPs wanted to assure all our patients that we remain committed to providing the highest quality care to the communities we serve.

Practice Update:

- **Staff training** – AL advised that we put great emphasis on recruiting suitably skilled and motivated staff who will help us in delivering the best care possible for our patients. After initial induction and training in their individual roles e.g. reception or dispensing we then have whole practice training events every month. These meetings allow us the opportunity to reflect on the services that we provide, to consider how we can meaningfully interpret and implement NHS innovations and reforms, to learn from situations where we feel that we could have done better (using a tool known as Significant Event Audit), and to provide generic staff training. To enable the doctors and staff to keep up to date the practice will be closed for staff training once a month from April 2016 between 1.30pm and 4.30pm on the second Tuesday of every month.

In response to a comment from a PPG member – AL advised that the closures will be advertised via the Newsletter, website and on the TV in the waiting room. Some of the PPG members commented about the possible use of text messaging patients or using Skype. AL explained that whilst this may be acceptable for the most basic of information, the whole Information Governance issue would need to be looked into for anything that was patient related.

- **Patient Information Leaflets (PILs)** – AL explained that we have a number of leaflets in the waiting room and that it would be very helpful if a PPG member would be willing to take a look at them and let us know what is and was isn't useful.
- **Did Not Attends (DNAs)** – AL explained the number of DNA's for December as follows:
 - GP DNA's – 23
 - Practice Nurse DNA's – 10 double appointments (20 minutes) and one was a triple appointment (30 minutes)
 - HCA DNA's – 34

A PPG member asked about fining patients who DNA (like Dentists can) and AL explained that we are not allowed to charge patients who do not attend their appointments, GP's have different contracts to Dentists. Another PPG member asked if we make it known to patients that they have DNA'd. AL explained that we will be addressing this proactively very soon but

we do appreciate that some patients genuinely forget. She explained that we can send an initial letter, followed by a 2nd to advise that we may remove the patient from our list and then if necessary a 3rd to inform the patient that they will be removed from the Practice list.

The group discussed the whole issue of patients not attending and those patients who cancel appointments at the last minute. Dr EM explained that we do have an audit trail of who/how appointments are cancelled. She advised that there are some patients who don't just DNA here but in secondary care as well (Hospital appointments). The group discussed the possibility of quantifying the data further by stating the costs of some of the Practice equipment and services. They went on to discuss the use of text messaging reminders and the fact that this seemed to work well in other areas. AL confirmed that we will also be using SystemOne to send text reminders and texts to inform patients that they DNA'd after mid May.

Any Other Business:

British Heart Foundation Bin – AL asked the group if they thought the bin was a useful thing to have at the Practice and if they thought it was the right location. She explained that we have found that on occasion it seemed to be a general dumping ground for all manner of unwanted items, often left despite the fact that the bin was full which then meant that the items then got wet.

Hand Gel – one of the PPG members asked if the location of the gel could be highlighted as some patients use it on the way in and some on the way out. AL explained that we were having a visit from the Infection Control Nurse next month and that she would query this with her. The group discussed the use of gel and some wondered if it would be better located closer to the Clinical corridor. One member commented that the gel was missing for a short while. AL explained that good hand washing with soap and water is most important and that the use of alcohol hand gel is effective when used correctly. AL confirmed that the gel should be readily available and to ask a member of staff if it wasn't accessible.

Dispensary – One of the PPG members asked what was happening in the Dispensary as they appeared to be very short staffed. AL explained the recent issues regarding staffing and that it is harder to recruit Dispensers as they need to have specific qualifications and skills. She explained that our Dispensary Manager was due to have left at Christmas but has stayed on whilst we recruit a replacement. AL also explained that we are also trying to recruit another Dispenser. She commented that we do now have some additional temporary help to deal with queries at the Dispensary window.

AL went on to explain that the Practice is actively looking to employ an Apprentice through Grantham College. RM welcomed this.

Date of next meeting: - Tuesday 22nd March 2016 @ 6.30pm – 7.30pm